Supportive Services for Community Living

FY 2019 Community Impact Report

Travis County Health and Human Services

Research & Planning Division

JANUARY 2020

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TRAVIS COUNTY
HEALTH and HUMAN SERVICES

PURPOSE

Who we are:

A Department of Travis County that serves the community under the guidance of the Commissioner's Court

What we do:

Address community needs through internal and external investments and services

What we strive to accomplish:

Maximize quality of life for all people in Travis County

- Protect vulnerable populations
- Invest in social and economic well-being
- Promote healthy living: physical, behavioral, and environmental
- Build a shared understanding of our community

VALUES

We value helping people.

- We provide accessible, person-centered services with respect and care.
- We work to empower people through our service to them, always honoring the strengths and differences of the individuals and families of Travis County.

We value the accountability and integrity of our staff.

- We value the diversity of our staff and the experience each of us brings to HHS.
- We honor our collective service to the public, including the careful stewardship of public funds.
- We value the quality services we provide to the community in a spirit of shared responsibility.

We value cooperation and collaboration in the community at large and within HHS.

- We are interdependent and connected.
- We treat one another with respect and value effective communication and teamwork.
- We honor our partners in the community and engage with them to more efficiently and effectively serve our clients.

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Introduction

The Travis County Commissioners Court, through the Travis County Health and Human Services Department (HHS), annually invests nearly $22 million in community-based social service programs using one-time and ongoing funding structures. These Department investments align with and supplement our direct services to meet the needs of local residents. Community-based organizations are frequently geographically and culturally embedded in the communities they serve and are often best positioned to provide needed services.

Purpose of Report

The annual Community Impact Report provides an overview of HHS investments in health and human services. The *FY 2019 Community Impact Report* offers community context most pertinent to the services purchased, and details investment, programmatic, and performance information on the Department's social service contracts. This information allows policy makers, program managers, and others to better understand these investments, recognize accomplishments, identify areas for improvement, disseminate lessons learned, and highlight areas warranting further research.

Organization of Report

This report addresses nine issue areas—Access to Basic Supports, Behavioral Health, Child and Youth Development, Housing Continuum, Planning and Evaluation, Public Health, Safety Intervention Services, Supportive Services for Community Living, and Workforce Development—as well as pilot and one-time investments under Family Services. The Executive Summary aggregates financial, demographic, and geographic information for all issue areas, and offers a discussion of poverty as a framework for HHS investments. Each issue area section begins with community context and then provides performance highlights. Each program is classified into the issue area most closely aligned to its goals and objectives.

Although this report provides community context for individual issue areas separately, each issue area must be considered in a broader context. Community conditions related to a single issue area may have similar or related root causes and broad-level consequences. Current economic conditions also have a global impact on the community.

This report provides detailed information about each program covered by an issue area, including an overview of program goals, services provided, eligibility criteria, and funding. Also captured are each program's performance results, compared to its contractual performance goals, and explanations of notable variance (+/- 10%) between the performance results and goals.

Notes on Methodology

Community context discussed in this report reflects the most recent information available at the time of writing. The majority of the social service contracts included in the report followed a fiscal year calendar (October 1, 2018 through September 30, 2019) unless otherwise noted. Program and performance highlights are drawn from contracts and reports provided by contracted service providers. Estimates from the American Community Survey have been tested at a 90% confidence level for reliability. In some cases, all noted, estimates were unreliable due to small sample sizes.

Considerations When Reading This Report

Performance results provide only a starting point for understanding the impact of these programs. These summary statistics are not necessarily an indication of the programs' overall performance, but rather a snapshot of their performance over a one-year period. Within these reports, service providers offer explanations for variance in performance, which provides context and meaning to summary results.

Performance results do not reflect programs' full value to and impact on the community. Therefore, it is important to keep the following considerations in mind when reviewing program performance.

Readers should use caution when comparing output and outcome results across programs, as participant characteristics can significantly influence a given program's performance goals and results. For example, performance results may be lower for programs with clients who face considerable challenges (e.g., serious mental illness or addiction issues) and have little social support.

Factors beyond the program's control may also impact the program's performance. For example, the relative scarcity or abundance of jobs in the local economy will impact client employment rates for a workforce development program, regardless of the quality of training and support provided. Without controlling for these factors, the true impact or efficacy of the program on outcomes cannot be discerned.

Readers should also use caution when examining outcome results for programs with less than 30 clients, in which the outcome of just a few clients can greatly affect the program's total outcome result. In these instances, examining percentages may be less helpful than examining raw numbers.

Finally, this report captures a selection of performance measures, which may not reflect the program's full impact on participants and their families, peers, and neighborhood. Performance measures may not all be equal in importance or value to the community.

Investment Overview

Community Context

All people, regardless of age or disability, should be able to live independently and participate fully in their communities. [1] Realizing this vision requires having services in place to support older adults and people with disabilities who may need assistance with life's daily activities. It also entails ensuring that policies and practices in communities and organizations support inclusion. [2]

Federal and state policies and programs lay a foundation for addressing daily living needs and supporting the inclusion of older adults and people with disabilities in their communities. Local providers act as the service provision arm of state and federally funded programs and play a critical role in both addressing needs and filling gaps. Individuals, families, and community members provide care and act as advocates in addressing systemic barriers.

Exploring relevant data regarding the demographics and needs of older adults and people with disabilities, and the systems in place to provide support can inform program planning and help identify strategies to address systemic barriers to inclusion.

Long-Term Services and Supports

Nationally, in 2018, about 14 million people age 18 and older needed assistance to perform daily activities (such as eating, bathing, dressing, managing medication, and doing housework).[3] Unpaid caregivers (relatives and friends) provide the majority of this type of care in the United States.[4] Those who are unable to depend on a family member or friend for help, or who need care beyond what a relative or friend can provide, rely on long-term services and supports (LTSS). These services may be provided in a home or community-based setting or in an institution such as a nursing home or intermediate care facility for individuals with intellectual and developmental disabilities.[5] Individual preference and federal policies[a] have facilitated the shift of long-term services and supports to home and community-based settings rather than institutions.[6]

Nationally, public funding (Medicaid, Medicare, and other sources[b]) covers the majority (70%) of LTSS spending, and private sources (out-of-pocket spending, private insurance, and other sources including philanthropic contributions) cover about one-third (30%) of spending.[7] Medicaid, the largest funding

a The Americans with Disabilities Act (ADA) spurred the transition to community care in 1990 and the Supreme Court's *Olmstead* decision in 1999 reinforced the transition.

b Other sources include Veteran's Health Administration (VHA) and Children's Health Insurance Program (CHIP).

source for LTSS,[8] is a jointly funded state-federal program, implemented at the state level.[9] In Texas, the Texas Health and Human Services Commission (HHSC) implements Medicaid LTSS waiver programs for older adults and people with disabilities. The term "waivers" means certain traditional Medicaid requirements do not apply and allows states to use Medicaid funds for long-term home and community-based services.[10] Prior to the creation of waivers, Medicaid would only pay for these services for people living in institutions such as nursing facilities or intermediate care facilities for persons with an intellectual disability or related condition (ICF/IDD).[11] There are seven Texas Medicaid Waiver programs. Specific eligibility varies by program and at minimum includes an income and resource limit component and a medical necessity, disability, functional limitation and/or diagnosis component.[12] Service array also varies by program but often includes personal assistance services, nursing services, therapies, adaptive aids, home modification, supported employment, and/or other services.[13]

Medicaid waiver long-term services and supports are a major part of the long-term care safety net for low-income older adults and people with disabilities; however, service gaps and limitations exist.

- **Interest lists**: Demand for community-based Medicaid wavier services greatly outweighs available resources, and individuals sign up on an interest list until services are available. As of June 2019, 151,295 unduplicated individuals were on an interest list for one or more Texas Medicaid community service waivers.[14] The number of individuals on each program's interest list and the duration of the wait vary by program. Many programs, particularly those for individuals with intellectual and developmental disabilities, have years long lists (50% or more of the individuals on three of the program interest lists have waited five years or longer for services).[15]
- **Cost:** Eligibility for Medicaid long-term care services considers both functional eligibility and income limits. For those who do not qualify for Medicaid services, the cost of long-term care is significant. For example, in the Austin area, the private pay annual cost of nursing home care is $86,505 (private room). Home health aide services costs about $24 per hour; at this rate, the annual cost for full-time in-home care (44 hours per week) would be $54,912.[16]
- **Implementation**: Access to and quality of long-term care services varies across the states. According to the *Long Term Services & Supports Scorecard,* Texas ranks relatively highly, 7th nationally, for the percent of Medicaid and state-funded long-term services and support spending going to home and community-based services as opposed to institutional care for older adults and people with physical disabilities.[c,17] However, Texas ranks in the bottom third overall (35th) across the broader range of indicators that measure state performance toward creating a high-quality system of care for older adults and people with physical disabilities and their caregivers.[18] The United Cerebral Palsy's *Case for Inclusion* ranks Texas 49th out of 51 (50 states and District of Columbia) in terms of how well state Medicaid programs serve those with IDD.[19] Texas is one of 18 states that does not meet the 80/80 community standard, which requires that at least 80 percent of all individuals with IDD are served in the community and 80 percent of all resources spent on those with IDD are for community support.[20]

c This data point is one of multiple indicators comprising the Choice of Setting and Provider ranking available at www.longtermscorecard.org.

Despite the existence of federal and state programs (most significantly, but not limited to Medicaid waiver programs), many older adults and people with disabilities have outstanding needs or require additional supports. Community providers, including the area agencies on aging, local mental health authorities, and nonprofit organizations, play a vital role in implementing, supplementing, and filling gaps in state administered programs with local resources and programs. Support from family caregivers is also critical and often the primary source of care for many older individuals and other adults with chronic care needs living in their homes and communities.[21] In Texas in 2017, 3.4 million family caregivers[d] provided 2.9 billion hours of care to an older person or other adult with a chronic, disabling, or serious health condition.[22]

Quality of Life and Engagement

Quality of life and engagement with the community may look different based on individual goals, interests, preferences, and life stage. Ensuring inclusion for older adults and people with disabilities requires that, at the federal, state, and local community levels, there are policies, practices, supports, and services that address barriers and promote access.

- **Infants and toddlers**: Young children with developmental delays, disabilities, or medical diagnoses that affect development benefit from early intervention services that support the child's developmental path and improve outcomes for the child and family.[23] Intervention is likely to be more effective when provided early in life when the brain is most adaptable.[24] Early Childhood Intervention (ECI) is a federal-state program that contracts with community organizations to provide services.
- **School age children:** Children with disabilities may need extra support at school. The Individuals with Disabilities Act (IDEA) is a federal law that ensures all students with disabilities receive a Free Appropriate Public Education (FAPE).[25] Local school districts must provide: evaluation for a learning difference, intellectual disability, or other disability that might affect learning; general and specialized education services; and, if needed, behavioral supports.[26] Education services must be provided in the Least Restrictive Environment[e] possible.[27]
- **Working age adults:** Work provides opportunities to engage in meaningful activity, interact with others, and achieve economic self-sufficiency. People with disabilities experience barriers to employment, resulting in consistently lower employment rates. According to the Bureau of Labor Statistics, for the population age 16 to 64, the 2018 employment-population ratio for persons with a disability was 30.4% compared with 74.0% for persons without a disability.[28] Increasing opportunities for people with disabilities requires developing policies, practices and tools that foster a more inclusive workforce.[29] For individuals who need additional support, supported employment programs can help provide accommodations and support with services like assessments, job search assistance, and on-the-job mentoring.[30]

d Broadly defined, family caregiver, refers to any relative, partner, friend, or neighbor who has a significant personal relationship with, and who provides a broad range of assistance for, an older person or an adult with a chronic, disabling, or serious health condition.

e Least restrictive environment means that students with disabilities should be educated with students without disabilities to the maximum appropriate extent.

- **Older adults:** Older adults are more susceptible to isolation, including being disconnected from family, friends, and community.[31] Isolation is often the result of multiple causes including poor health, poorly designed communities, and major life events such as loss and retirement.[32] Risk factors include limited access to transportation, physical impairments or poor mental health, life transitions like leaving the workforce or loss of partner, societal barriers like ageism, and lack of access and inequality for marginalized groups.[33] Solutions include specific programs (e.g. volunteer ride programs, senior centers, and falls prevention), policy changes (e.g. policies that support an older workforce), and community-wide initiatives (e.g. age-friendly community initiatives).[f,34]

Demographic Trends

An estimated 100,869 residents or about 8.3% of the Travis County population has one or more disabilities.[35] The rate of disability increases with age— 28% of older adults age 65 and over and nearly half (45%) of those age 75 and over has one or more disabilities .[36] The following table provides additional detail regarding the type of disability by age group.[g]

Disability Status, Number and Type by Age

Civilian Noninstitutionalized Population Age 5 and Over*, Travis County, 2013-2017

	Population 5 to 17 years n=192,113		*Population 18 to 64 years* n=833,726		*Population 65 years and over* n=114,416	
Disability Status	***Estimate***	***Rate***	***Estimate***	***Rate***	***Estimate***	***Rate***
With a disability	11,116	5.8%	57,144	6.9%	32,232	28.2%
Disability Type						
With a hearing difficulty	607*	0.3%*	12,544	1.5%	11,857	10.4%
With a vision difficulty	3,063*	1.6%*	11,250	1.3%	5,304	4.6%
With a cognitive difficulty	7,130	3.7%	27,649	3.3%	10,985	9.6%
With an ambulatory difficulty	959*	0.5%*	20,380	2.4%	21,414	18.7%
With a self-care difficulty	920*	0.5%*	5,939	0.7%*	7,201	6.3%
With an independent living difficulty			16,437	2.0%	15,915	13.9%

For children under 5, data is only collected on hearing and vision difficulty; questions related to other disability types are not asked because developmentally it is difficult to determine those types of disabilities in children that young. For simplicity of data analysis and display, this table only includes the population age 5 and over.
*Not reliable at a 90% confidence level
Created by: Travis County HHS, Research & Planning Division, 2019
Source data: 2013-2017 American Community Survey 5-Year Estimates, S1810

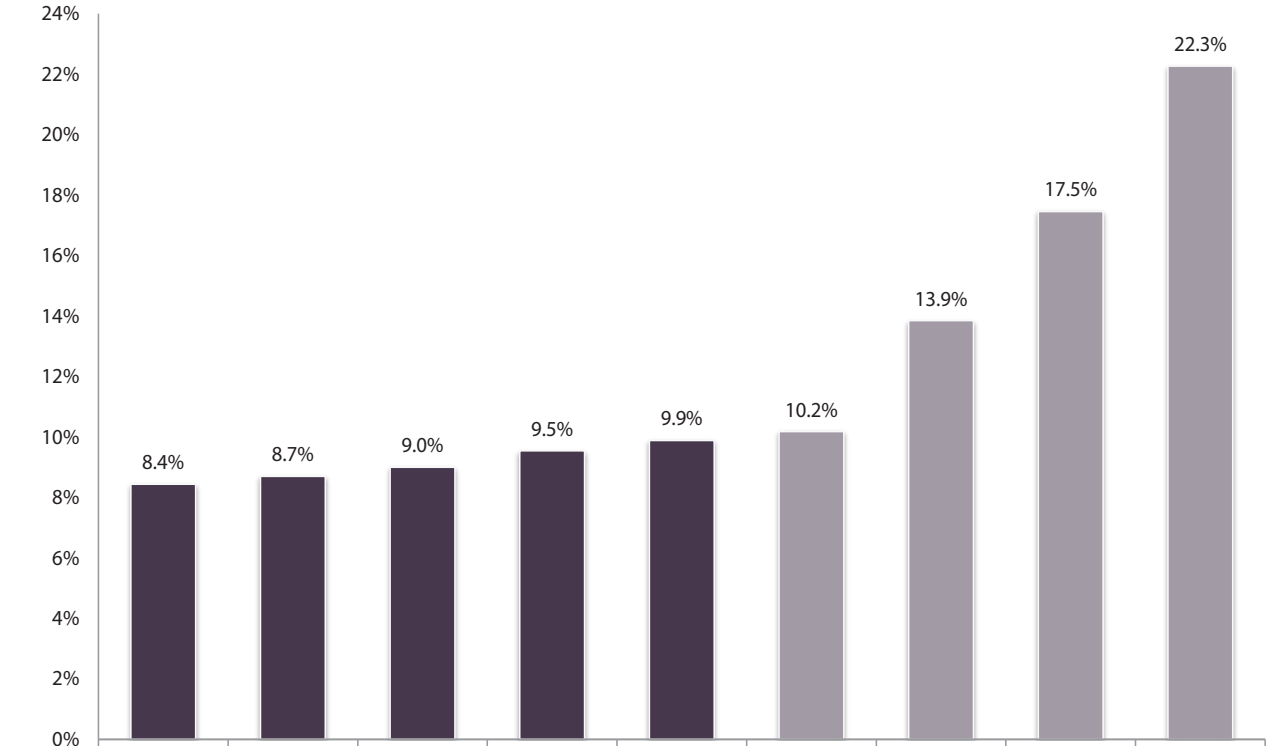
f Age-friendly communities are those where community members and leaders have made the commitment to actively work toward making their town, city or county a great place for people of all ages.

g For definitions of the types of disabilities, please see the 2016 American Community Survey Subject Definitions: https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2016_ACSSubjectDefinitions.pdf

Because the rate of disability increases with age, as the population grows older, the number of people living with a disability who may need services or supports will also likely increase. The older adult population in Travis County continues to increase in number and share and is projected to comprise a growing percentage of the total population in the coming decades.

Adults Age 65 and Over as a Percent of the Population

Travis County, 2014-2018 and Future Projections



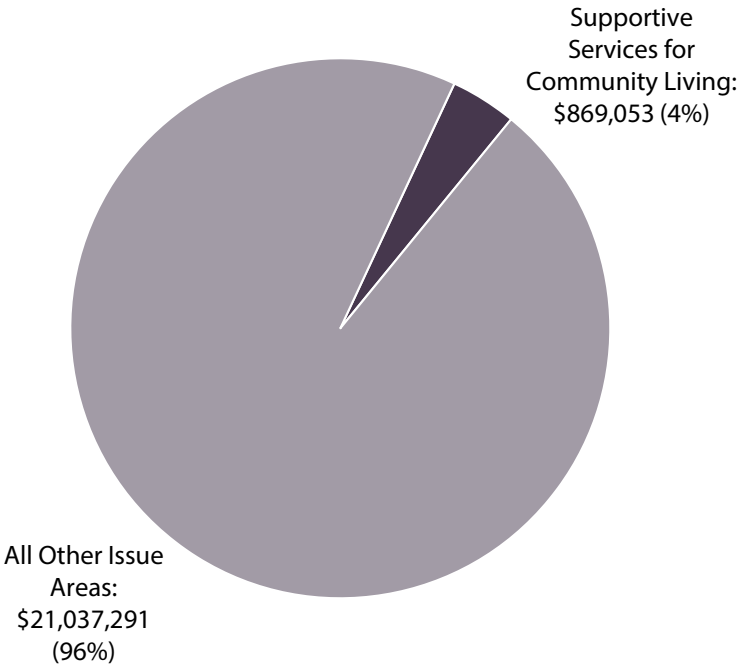
	2014	2015	2016	2017	2018	2020	2030	2040	2050
Pct. 65+	8.4%	8.7%	9.0%	9.5%	9.9%	10.2%	13.9%	17.5%	22.3%
Num. 65+	97,149	102,577	108,427	117,088	123,434	131,483	213,407	309,873	441,050

Created by: Travis County HHS, Research & Planning Division, 2019
Source data: U.S. Census Bureau, 2014-2018 American Community Survey 1-Year Estimates, B01001; 2018 Texas State Data Center Population Projections

Goals and Services

Programs and services within this issue area work to promote the independence and well-being of older adults and people with disabilities. Toward this end, they support living in the home while ensuring safety of person and environment and empower individuals to maximize quality of life and community engagement. Services may include: in-home care services, independent living support, money management, case management, supported employment services, day habilitation, guardianship assistance, home delivered meals, congregate meals, early childhood intervention services, volunteer engagement, individual advocacy and systems navigation, and clinical therapies such as occupational, physical, speech, and hearing therapies.

Investment in Supportive Services for Community Living and Other Issue Areas, FY 2019



Funding Summary

The FY 2019 Funding Amount reflects 12–month funding (October 1, 2018 through September 30, 2019) unless otherwise noted.

Agency Name	Program Name	FY 2019 Funding Amount
Any Baby Can of Austin, Inc.	CARE	$50,000
Any Baby Can of Austin, Inc.	Early Childhood Intervention Services	$51,170
Easter Seals Central Texas, Inc.	Clinical Services	$81,306
Easter Seals Central Texas, Inc.	Day Habilitation Program at Vaughn House	$50,000
Easter Seals Central Texas, Inc.	Early Childhood Intervention	$11,747
Family Eldercare	Money Management	$50,000
Goodwill Industries of Central Texas	Goodwill Supported Training & Employment Program	$75,097
Helping the Aging, Needy and Disabled	In-Home Care	$54,198
Meals on Wheels Central Texas	Congregate Senior Centers Meal Program	$143,059
Meals on Wheels Central Texas	Meals on Wheels	$167,376
The Arc of the Capital Area	Case Management and Advocacy Services	$120,100
The Arc of the Capital Area	Guardianship Case Management Services	$15,000

Supportive Services for Community Living Client Demographics

The table below summarizes the demographics for clients served across Supportive Services for Community Living service providers. Note that clients participating in more than one Supportive Services for Community Living program are counted multiple times.

Gender	Num.	Pct.
Female	4,368	54%
Male	3,673	46%
Other	5	0.06%
Unknown	18	0.2%
Total	*8,058*	*100%*

Ethnicity		
Hispanic or Latino	2,913	36%
Not Hispanic or Latino	4,960	62%
Unknown	188	2%
Total	*8,058*	*100%*

Race		
American Indian and Alaska Native	25	0%
Asian	378	5%
Black or African American	1,653	20%
Native Hawaiian and Other Pacific Islander	11	0.1%
White	5,333	66%
Some other race	457	6%
Two or more races	12	0.2%
Unknown	189	2%
Total	*8,058*	*100%*

Age	Num.	Pct.
Under 5	1,621	20%
5 to 11	213	3%
12 to 14	90	1%
15 to 17	68	1%
18 to 24	72	1%
25 to 39	208	3%
40 to 54	517	6%
55 to 64	1,259	16%
65 to 74	1,695	21%
75 and over	2,223	28%
Unknown	92	1%
Total	*8,058*	*100%*

Income		
<50% of FPIG	1,073	13%
50% to 100%	2,748	34%
101% to 150%	1,463	18%
151% to 200%	1,525	19%
>200%	926	11%
Unknown	323	4%
Total	*8,058*	*100%*

Note: Percentages may not total to 100% due to rounding.

See Appendix for specific income guideline levels.

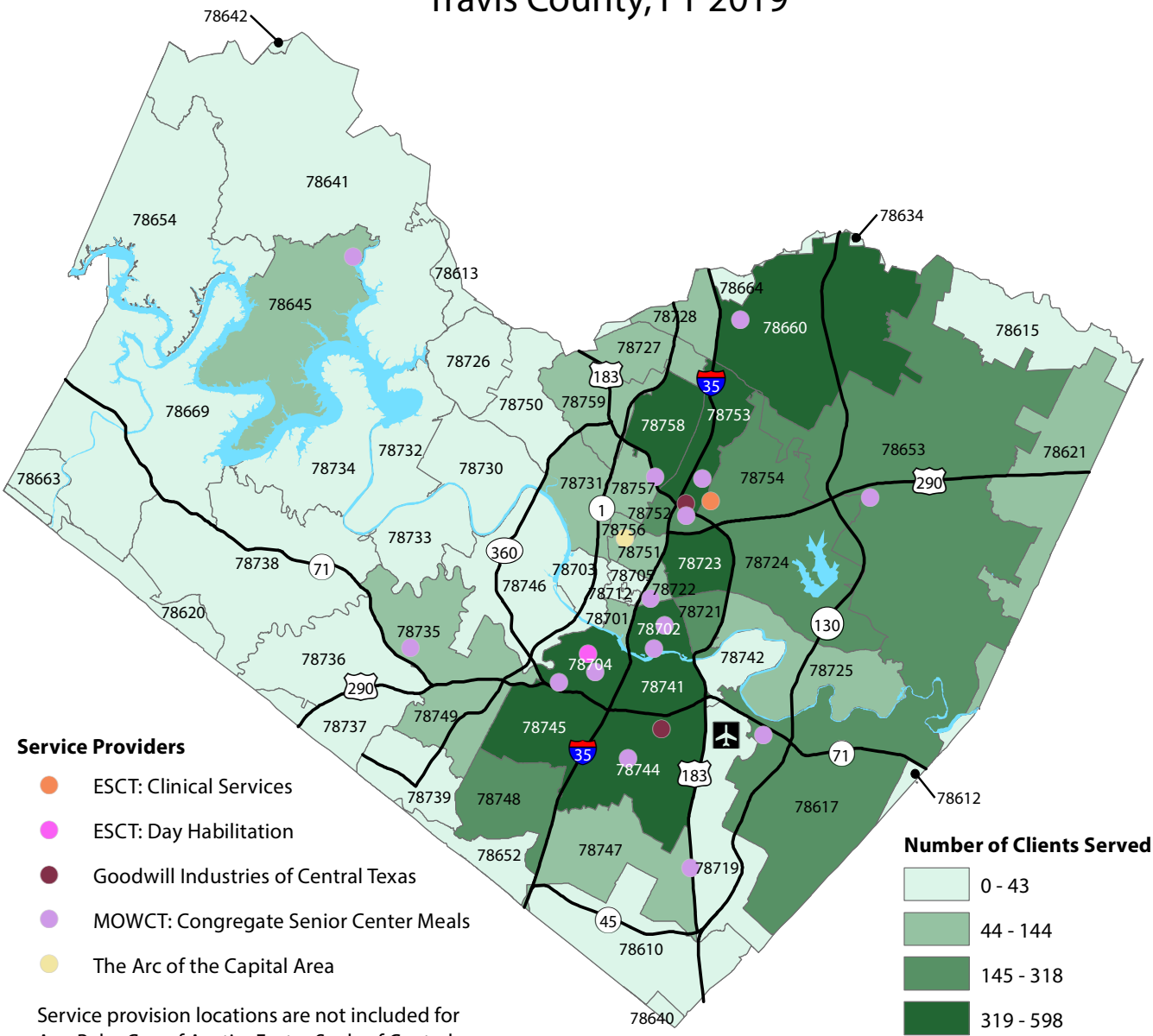
Performance Summary

The table below aggregates performance into roll-up measures that draw from programs in this issue area. These roll-up measures align with the goals for the issue area and are intended to provide a more global picture of the Department's progress towards these goals. Readers should note two considerations regarding methodology: 1) most roll-up measures do not reflect all programs in the issue area, but rather a subset of programs that apply to that measure, and 2) roll-up measures, individually and as a whole, may not reflect the entire service continuum of the issue area.

Roll-up Performance Measures	Issue Area Performance
Outputs	
Number of clients served	8,058
Outcomes	
Percent of individuals who report that the services helped them live independently at home	97%
Percent of individuals who report services helped them stay connected or engaged with the community	86%
Percent of individuals who maintain or increase ability or skills needed to function and/or live independently	96%
Percent of individuals who report they are connected to services and resources	91%
Percent of individuals who are connected to and/or remain in school or work due to services	67%

Supportive Services for Community Living

Service Provision Locations and Clients Served by ZIP Code
Travis County, FY 2019



Service Providers

- ESCT: Clinical Services
- ESCT: Day Habilitation
- Goodwill Industries of Central Texas
- MOWCT: Congregate Senior Center Meals
- The Arc of the Capital Area

Service provision locations are not included for Any Baby Can of Austin; Easter Seals of Central Texas: Early Childhood Intervention Program; Family Eldercare; Helping the Aging, Needy and Disabled; or Meals on Wheels of Central Texas: Meals on Wheels, as services can be accessed anywhere the client is located.

Number of Clients Served

- 0 - 43
- 44 - 144
- 145 - 318
- 319 - 598

Note: This map shows 7,412 clients by ZIP code. 646 clients (8% of the total) from all service providers were not included because their ZIP codes were unknown or outside of Travis County boundaries or they were homeless.

Source data: Contracted service providers, FY 2019.
This map was created using ArcGIS Online shapefiles.
Created by: Travis County HHS, Research & Planning Division, 2019.

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Any Baby Can of Austin, Inc.

CARE

Program Description

Any Baby Can's Comprehensive Advocacy and Resources for Empowerment (CARE) program provides in-home comprehensive case management services on behalf of eligible children and youth with special healthcare needs such as cancer, physical disabilities, and chronic illness. Any Baby Can's case management, which is provided by bilingual, bicultural Bachelor's and Master's level social workers, ensures that at-risk children, from families with limited resources, maximize their physical and emotional health by accessing primary care, specialist services, and supportive resources such as mental health services and basic needs assistance.

Funding

The total HHS investment in the CARE program from October 1, 2018 through September 30, 2019 was $50,000. This investment comprised 6.4% of their total program budget. HHS also funds the Early Childhood Intervention Services and Professional Early Childhood Services programs, which are described later in this report and in the Child and Youth Development issue area report, respectively.

Eligibility Criteria

The CARE program serves children from birth to age to 21 who have a chronic illness, physical or developmental disability, mental health diagnoses, or medical diagnosis associated with cancer treatment. The program serves low-income families with incomes at or below 200% of the Federal Poverty Income Guidelines (FPIG) and reside in Travis, Williamson, Bastrop, and Hays Counties.

Any Baby Can of Austin, Inc.: CARE

Any Baby Can of Austin's CARE program met or greatly exceeded program goals across all outputs and outcomes this year. Staff reported that increased outreach efforts lead to a higher than projected number of clients served, and by extension, a greater number of client contacts as well (see outputs below). The increased outreach efforts along with a large number of long-term clients completing the program early in the year made room for new clients to enroll and paved the way for exceptional outcomes for children progressing through their service plan goals (see first outcome below). Staff noted that while all clients are surveyed annually, the survey is voluntary and anonymous which can limit the number of responses received. The survey is also provided electronically and requires internet connectivity which could sometimes be barrier to completion.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	227	175	130%
Number of direct client contracts	2,697	1,500	180%
Outcomes			
Percentage of unduplicated client children completing medical case management who achieve 75% of their service plan goals	98% (99/101)	84% (46/55)	117%
Percentage of unduplicated client families who report they get the help they need to coordinate their child's care	97% (85/88)	90% (157/175)	108%

Any Baby Can of Austin, Inc.

Early Childhood Intervention Services

Program Description

Any Baby Can's Early Childhood Intervention (ECI) Services program aims to increase the functioning of children from birth to age three who have developmental delays and/or a medical condition through educational and specialized skill training. Any Baby Can also provides community-based support such as support groups, parent education, and family literacy.

Funding

The total HHS investment in the ECI Services program from October 1, 2018 through September 30, 2019 was $51,170. This investment comprised 1.3% of their total program budget. HHS also funds the CARE and Professional Early Childhood Services programs, which are described earlier in this report and in the Child and Youth Development issue area report, respectively.

Eligibility Criteria

Clients receiving services supported by Travis County must be residents of Travis County and have a family income no greater than 200% of the Federal Poverty Income Guidelines (FPIG). Children eligible for this program are three years of age and younger with documentation of a medically diagnosed condition that has a high probability of resulting in developmental delay, an auditory or visual impairment as defined by the Texas Education Agency, or a developmental delay based on a standardized tool designated by the Texas Health and Human Services Commission (the Battle Developmental Inventory–2) indicating a delay of at least 25% in any of the developmental areas.

Any Baby Can of Austin, Inc.: Early Childhood Intervention Services

Any Baby Can of Austin's Early Childhood Intervention Services program met or exceeded most of their performance goals for this year. Staff reported that the amount of service hours delivered are tied not only to the number of clients served, but the intensity and variety of services that each individual client needs. Clients may be served by a team of therapists including a case manager, speech therapist, occupational therapist, physical therapist, or specialized skills trainer. Any of these services may be needed multiple times a week, or only biweekly. Staff reported that this variability in client needs, as well as new staff working to build caseloads and evaluating client needs while adding specific therapies incrementally as needed, are reflected in the service hours delivered which were lower than projected (see second output).

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served through ECI services	531	500	106%
Number of ECI service hours delivered	10,619	12,000	88%
Outcomes			
Percentage of unduplicated children completing ECI services who achieve at least 50% of their Service Plan goals	95% (143/151)	90% (135/150)	105%

Easter Seals Central Texas

Clinical Services

Program Description

The Clinical Services program provides a continuum of care for individuals with disabilities in the areas of health, independent functioning, and clinical rehabilitation. The program provides comprehensive service coordination and occupational therapy, physical therapy, speech therapy and/or audiological services to individuals with significant disabilities to live within the community and promote improved functioning.

Funding

The total HHS investment in the Developmental and Clinical Services program from October 1, 2018 through September 30, 2019 was $81,306. This investment comprised 54.4% of their total program budget. HHS also funds the Day Habilitation Program at Vaughn House and the Early Childhood Intervention programs described later in this report.

Eligibility Criteria

The Clinical Services program serves individuals with demonstrated developmental skills which are at least one standard deviation below the mean in any specific area of development: language, motor, or adaptive. For audiological services, clients are eligible with documented hearing loss concerns and a need for a hearing device. There are no income eligibility requirements, but most clients' income status is below 200% of Federal Poverty Income Guidelines (FPIG).

Easter Seals Central Texas: Clinical Services

The Easter Seals of Central Texas Clinical Services program met or greatly exceeded all projected performance goals this year. Staff reported that more clients were served due to an expansion of the rehabilitation program which impacted the hours of service delivered as well (see outputs below). More efficient scheduling practices and expanded availability of clinicians also increased the hours of service delivered. Staff also reported that the program established strategies for client and family engagement in therapy sessions to encourage carry over and compliance with home programs and home strategies, and that consistency with these practices most often results in therapeutic gains and client awareness of benefits and progress. These strategies likely contributed to the high performance in the second outcome below.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	413	340	121%
Number of hours of service delivered	9,453	6,000	158%
Outcomes			
Percentage of clients reporting satisfaction with progress in therapy	95% (214/226)	95% (180/190)	100%
Percentage of clients re-assessed who achieved/ maintained goals on their individualized plans of care	97% (329/339)	80% (272/340)	121%

Easter Seals Central Texas

Day Habilitation Program at Vaughn House

Program Description

The Day Habilitation Program at Vaughn House provides a support system for adults with intellectual and developmental disabilities who are also deaf or hard of hearing. The program supports clients by providing opportunities to engage in fulfilling daytime activities. The services provided support the quality of life, safety, and well-being of the clients served. The goal of the program is to provide a safe and nurturing environment in the form of structured activities, peer interactions, and community outings, with agreed-upon goals for independence and community engagement directed by guardians and sponsors.

Funding

The total HHS investment in the Day Habilitation Program at Vaughn House program from October 1, 2018 through September 30, 2019 was $50,000. This investment comprised 28.3% of their total program budget. HHS also funds the Clinical Services and Early Childhood Intervention programs described in this report.

Eligibility Criteria

The Program targets adults age 18 and older in Travis County who are: deaf/hard of hearing; and who have developmental disabilities. The Program targets low-income individuals, although there is no eligibility screening for income. In order to be eligible for services, clients must reside in Travis County, be age 18 or older, and be deaf/ hard of hearing and have a developmental disability.

Easter Seals Central Texas: Day Habilitation Program at Vaughn House

The Easter Seals of Central Texas Day Habilitation program met or exceeded most performance goals for this year but did not serve as many clients as anticipated. Staff reported that due to only having one service location in south Austin, not all interested potential clients, especially those residing further north, were able to participate (see first output). Fewer clients served impacted the percent of clients participating in multiple community outings as well (see first outcome below). Staff also reported that funds for community outings are leveraged with donated funds which were much higher than anticipated and resulted in the program providing more community outings as reflected in the second output below.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	18	22	82%
Number of Day Habilitation community outings	91	60	152%
Outcomes			
Percentage of clients who participated in at least 6 community outings per quarter	69% (11/16)	77% (17/22)	90%
Percentage of clients who made progress with behavior plan goals	100% (16/16)	73% (16/22)	138%

Easter Seals Central Texas

Early Childhood Intervention

Program Description

The goal of the Early Childhood Intervention (ECI) program is to provide a continuum of care for children from birth to age three with disabilities and/or developmental delays. ECI services provide comprehensive service coordination, wrap around services, training, and support services to children with significant disabilities to live within the community, and promote improved functioning. Services may include case management, family counseling and education, primary health care, nutrition, specialized skills training, speech and other specialized therapies.

Funding

The total HHS investment in the Early Childhood Intervention program from October 1, 2018 through September 30, 2019 was $11,747. This investment comprised 0.3% of their total program budget. HHS also funds the Clinical Services and Day Habilitation programs described earlier in this report.

Eligibility Criteria

To be eligible for services, children must be under three years of age, residents of Travis County, and have a documented physical, neurological, intellectual, or developmental disability or delay. There is no income requirement, however, clients may be eligible for services at no cost or reduced cost as determined by their family income and size.

Easter Seals Central Texas: Early Childhood Intervention

The Easter Seals of Central Texas Early Childhood Intervention Program met or exceeded most performance goals with the exception of the number of clients served (see first output below). Staff reported that a number of clients moved away, and that some periods of being understaffed slowed the enrollment rate, which contributed to the number of clients served.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	1,013	1,500	68%
Number of hours of services delivered	41,430	40,000	104%
Outcomes			
Percentage of clients reporting satisfaction with services received	100% (431/431)	90% (297/330)	111%
Percentage of clients showing either improved functional outcomes or quality of life	97% (347/358)	90% (276/306)	107%

Family Eldercare

Money Management

Program Description

The Money Management program provides wrap around case management, bill payer, representative payee, and Veterans' Affairs fiduciary services to seniors, older adults, and at-risk veterans unable to manage their own finances. Services provide a safety net to those at risk of homelessness or of premature institutionalization. The program can prolong independent living by securing housing and ensuring that basic needs are met and prevents financial exploitation among seniors and adults with disabilities.

Funding

The total HHS investment in the Money Management program from October 1, 2018 through September 30, 2019 was $50,000. This investment comprised 4.6% of their total program budget.

Eligibility Criteria

The Money Management program targets adults with disabilities who are unable to manage their own finances and are at risk for financial exploitation, self-neglect, homelessness, and premature institutionalization. To be eligible for services, clients must be residents of Travis or Williamson County, have some sort of income, and be an adult age 18 and older with a disability or a senior age 60 and older. Eligible clients also include at-risk veterans.

Family Eldercare: Money Management

Family Eldercare's Money Management program met all performance goals for this year, and exceeded anticipated performance for the number of clients served (see first output below). Staff reported that they were able to serve more clients due to streamlined service delivery techniques and a focus on short-term money management services.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	633	5,500	115%
Number of direct client contacts--face to face meetings	5,054	5,550	92%
Outcomes			
Percentage of clients whose benefits are managed that maintained or improved housing stability in the previous six months	100% (462/464)	95% (394/415)	105%
Percentage of clients who have no new incidents of abuse, neglect, or financial exploitation	99% (626/633)	95% (522/550)	104%
Percentage of clients who report services help them access and maintain benefits, resources and/or services	91% (253/278)	95% (261/275)	96%

Goodwill Industries of Central Texas

Goodwill Supported Training & Employment Program

Program Description

The Goodwill Supported Training & Employment Program (STEP) serves clients through a supported employment model that incorporates intensive case management, job readiness training and skills development, wrap-around support, and post-placement job retention services to ensure client successfully obtain and retain meaningful employment. In some instances, the program offers occupational training in a high-demand, high-growth field through the Goodwill Career and Technical Academy.

Funding

The total HHS investment in the Supported Training and Employment Program from October 1, 2018 through September 30, 2019 was $75,097. This investment comprised 64.4% of their total program budget. HHS also funds the Career Launch program, which is described in the Child and Youth Development report.

Eligibility Criteria

The program targets people with physical or cognitive disabilities including, but not limited to: blindness or vision impairment, deafness or hearing impairment, mobility impairment, mental health disabilities, intellectual and developmental disabilities. To be eligible for services clients must be residents of Travis County, identify as having a disability that impairs their ability to secure employment, and have income at or below 200% of the Federal Poverty Income Guidelines. Clients experiencing homelessness may be exempt from residency verification, and clients who are victims of domestic violence may be exempt from income and residency qualifications for enrollment.

Goodwill Industries of Central Texas: STEP Program

The Goodwill STEP program had mixed results across performance goals for this year. Most performance goals were met within an acceptable range of ten percentage points. The program greatly exceeded the projected outcome of percentage of clients successfully completing a training program (see second outcome below) but fell short of the anticipated number of clients enrolled in a training program (see first output below). Staff reported that due to the various unique barriers and needs of each individual client, there is often an initial period of intensive case management required to establish mental health, life-skills, and housing stability that will support their success in a training program. This intensive case management often presents a challenge to enrolling clients in a training program. The STEP staff reported that despite this challenge, they continue to work with clients on pursuing training that will best set them on a path for permanent employment opportunities. While enrolling clients in training has been challenging, the staff reported the intensive case management has had the effect of greater client success for those that do enroll, which is evident in the first outcome below.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	36	35	103%
Number of unduplicated clients enrolled in a training program	12	18	67%
Outcomes			
Percentage of clients successfully completing a training program	83% (10/12)	61% (11/18)	136%
Percentage of clients securing employment in an integrated setting	58% (21/36)	60% (21/35)	97%
Percentage of clients retaining employment for 90 days or more following placement	59% (10/17)	62% (13/21)	95%

Helping the Aging, Needy, and Disabled, Inc.

In-Home Care

Program Description

The In-Home Care program provides assistance with activities of daily living to help eligible low-income, homebound individuals continue living independently in their own homes. The program provides services to individuals who do not qualify for Medicaid benefits or who are awaiting approval for assistance through Medicaid. Services are offered at drastically reduced or no cost to the client.

Funding

The total HHS investment in the Homemaker Services/Personal Attendant program from October 1, 2018 through September 30, 2019 was $54,198. This investment comprised 31.1% of their total program budget.

Eligibility Criteria

This program serves individuals age 18 and older with disabilities and those over age 60 with conditions that limit their ability to perform necessary activities of daily living. To be eligible for services, clients must reside in Travis, Williamson, Bastrop, or Hays County; provide current identification; and must need a minimum of at least two hours of in-home care per week.

Helping the Aging, Needy, and Disabled, Inc: In-Home Care

The HAND program exceeded all performance goals for this year. The staff reported that the program experienced a large increase in client retention over the period which resulted in more clients served than anticipated (see first output below). Serving more clients than anticipated carried through to the program's outcomes as well, as seen in the large percentage of clients that were able to remain in their home due to support from the program.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	267	225	119%
Total number of in-home visits (unique encounters)	8,597	8,000	107%
Outcomes			
Percentage of clients who report that services have helped them to remain in their own home	93% (143/153)	80% (96/120)	117%
Percentage of clients able to continue to live independently in the home	94% (251/267)	80% (180/225)	118%

Meals on Wheels and More, Inc.

Congregate Meals

Program Description

The primary goal of the Congregate Meals program is to keep participants in their homes by helping them maintain their highest level of cognitive and physical functioning through strong social networks and good nutritional choices in an inviting, active social setting. To achieve this, the program prepares and delivers prepackaged meals to the 13 individual congregate meal sites. In addition to the meal, the program also emphasizes social recreation and educational opportunities for participants. A wide variety of activities are planned with input from the community center committees and senior participants.

Funding

The total HHS investment in the Congregate Meals program from October 1, 2018 through September 30, 2019 was $143,059. This investment comprised 14.3% of their total program budget. HHS also funds the Meals on Wheels program, which is described later in this report.

Eligibility Criteria

The Congregate Meals program serves individuals who are 60 years of age or older, the significant other or partner of an age-qualifying participant, and disabled individuals living with an age-qualifying participant.

Meals on Wheels and more, Inc.: Congregate Meals

Performance Goals and Results

The Meals on Wheels Congregate Meals program met or greatly exceeded all performance goals for this year. The staff reported that the program was able to serve more clients at Travis County Community Centers than anticipated due to increased efforts in their outreach programming (see second output), and these efforts also resulted in participants attending more frequently. These outreach efforts, along with increased community interest and support the program received for senior citizen programming, is evident in the outputs below which far exceeded projected goals.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated participants served	1,558	1,500	104%
Number of unduplicated participants served at Travis County Community Center sites only	419	300	140%
Number of meals provided	124,391	90,000	138%
Number of meals provided at Travis County Community Center sites Only	22,413	20,000	112%
Total number of events at Travis County Community Center sites only	749	300	250%
Total number of educational programs at Travis County Community Center sites Only	179	65	275%
Outcomes			
Percentage of participants that report the congregate meal program is an important source of food for them during the week	80% (672/835)	80% (500/625)	101%
Percentage of participants that report that the congregate meal program is an important place to meet and make friends	86% (719/835)	85% (531/625)	101%

Meals on Wheels and More, Inc.

Meals on Wheels

Program Description

The goal of the Meals on Wheels program is to help seniors and persons with disabilities "age in place" in the community and avoid premature or unnecessary institutionalization. The program delivers nutritious meals to help clients receive the nutrition they need to stay healthy and out of hospitals or nursing homes longer. The program also provides a safety net for homebound, often frail, elders and younger people with disabilities. Depending on the self-selected meal delivery schedule chosen by the clients, the program volunteer or staff person provides a welfare check of homebound individuals. The program provides case management to clients who need help finding and enrolling in additional programs in the community. Additionally, the case management services provide knowledge to clinets about resources offered by twelve other Meals on Wheels supportive programs.

Funding

The total HHS investment in the Meals on Wheels program from October 1, 2018 through September 30, 2019 was $167,376. This investment comprised 3.9% of their total program budget. HHS also funds the Congregate Meals program, which is described later in this report.

Eligibility Criteria

In order to be eligible, a client must have difficulty preparing an adequate meal for oneself, based on a functional assessments. The client must be primarily homebound, lack consistent help with noon-day meal arrangement, and be home to receive meals during normal delivery.

Meals on Wheels and More, Inc.: Meals on Wheels

The Meals on Wheels program met all of their outcome performance goals for this year within an acceptable margin of ten percentage points. The program exceeded their output performance goals for number of clients served and number of meals prepared for clients. Staff reported that increased efforts to move clients from the program wait list and into services helped them to serve more clients than anticipated, and thus provided more meals as well.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	3,240	2,900	112%
Number of lunch meals prepared for clients	602,715	520,000	116%
Outcomes			
Percentage of clients who indicate that daily meals satisfy an essential part of their daily nutritional needs	95% (484/511)	90% (495/550)	105%
Percentage of nutritionally at risk meal clients who have improved or maintained their nutritional status while on meals for six months or longer	68% (1,275/1,880)	75% (1,020/1,360)	90%
Percentage of clients who indicate their situation is better because of their case manager's help	91% (453/499)	85% (468/550)	107%

The Arc of the Capital Area

Case Management and Advocacy Services

Program Description

The Case Management and Advocacy Services program aims to prevent institutionalization of individuals with intellectual and/or developmental disabilities and promote and support independent and home living, while ensuring the health and safety of the individual. The program also aims to identify factors that influence quality of life and to determine appropriate interventions, by way of linking and referring to community integration, person-centered planning, and access to healthcare supports that help clients navigate community support systems.

The Program has two components: Adult Case Management Services and Juvenile Justice Services, which both focus on keeping clients out of institutional settings and in their home environments by providing supports and resources to the clients and their families so that clients maintain a healthy quality of life of their choosing.

Funding

The total HHS investment in the Case Management and Advocacy Services program from October 1, 2017 through September 30, 2018 was $120,100. This investment comprised 57% of their total program budget. HHS also funds the Guardianship Case Management Services program, which is described later in this report.

Eligibility Criteria

In order to be eligible for Adult Case Management services, clients must be age 18 or older with a diagnosed intellectual and/or developmental disability and residing in Travis County. For Juvenile Justice Services, eligible clients must be age 11-19 with a diagnosed intellectual and/or developmental disability, either justice-involved or at risk of becoming justice-involved, and reside in Travis County.

The Arc of the Capital Area: Case Management and Advocacy Services

Performance Goals and Results

The Arc of the Capital Area's Case Management and Advocacy Program had mixed results across performance goals for FY19. The program did not meet anticipated performance for most outputs below, but exceeded most performance outcomes. Staff reported experiencing unforeseen difficulties in finding new clients to serve in the area despite outreach efforts. The program revised and extended eligibility requirements for Juvenile Justice Services in an effort to improve participation. Serving fewer clients than anticipated had a direct effect on the number of service hours provided (see fourth through sixth outputs below). Staff also reported that rules and regulations pertaining to visiting students in schools became more restrictive during FY19 and created barriers to providing anticipated service hours in many cases, and that strategic planning is underway to address the challenge and continue to provided meaningful support to eligible youth and their families. Although the program did not serve the anticipated number of clients for this contract year, the program exceeded outcomes for those clients that did participate (see first three outcomes below). Staff reported that the percentage of clients with maintained or improved quality of life due to the program's services was lower than expected as a result of a mid-year change in the frequency and system of how this data is collected (see last outcome), and that more accurate results for this outcome will be seen in the upcoming year.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	83	135	61%
Total number of unduplicated juvenile clients served	22	46	48%
Total number of unduplicated adult clients served	61	89	69%
Total number of Special Education/Admission, Review, Dismissal meetings and/or juvenile court appearances attended by staff	22	92	24%
Total number of case management service hours completed for adult clients	1,576	1,848	85%
Total number of direct juvenile client visits	88	135	65%
Total number of direct adult client visits	687	756	91%

The Arc of the Capital Area: Case Management and Advocacy Services

Performance Goals and Results

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outcomes			
Percentage of juvenile clients who remained in school or working while receiving services	90% (13/15)	78% (36/46)	115%
Percentage of juvenile clients who did not offend/ reoffend while receiving services	90% (13/15)	78% (36/46)	115%
Percentage of adult clients completing objectives towards their goals from their Individualized Service Plan	90% (47/52)	83% (74/89)	108%
Percentage of adult clients with maintained or improved quality of life due to services, individual goals and service plans	35% (4/12)	83% (74/89)	42%

The Arc of the Capital Area

Guardianship Case Management Services

Program Description

The goal of the Guardianship Case Management Services program is to assist families of individuals with intellectual and developmental disabilities with applying for legal guardianship or alternatives to guardianship options, such as Supported Decision Making Agreements. Supported Decision Making Agreements offer "a less restrictive substitute for guardianship for adults with disabilities who need assistance with decisions regarding daily living but who are not considered incapacitated persons for purposes of establishing guardianship" (Texas Estates Code § 1357.003). The program also assists with future care planning for individuals with intellectual or developmental disabilities.

Funding

The total HHS investment in the Guardianship Case Management Services program from October 1, 2018 through September 30, 2019 was $15,000. This investment comprised 61.7% of the total program budget. HHS also funds the Case Management and Advocacy Services program, which is described earlier in this report.

Eligibility Criteria

The Guardianship Case Management Services Program provides case management services to family members and/or caregivers of an individual with an intellectual or developmental disability. To be eligible for services, the caregiver must reside in Travis County, have a diagnosis of an intellectual or developmental disability, be age 18 or older by the end of the program, and must be at 200% or below Federal Poverty Income Guidelines (FPIG) to receive zero court cost or between 200-250% of FPIG to receive a $420 court cost.

The Arc of the Capital Area: Guardianship Case Management Services

Performance Goals and Results

The Arc of the Capital Area's Guardian Case Management program had mixed results across anticipated performance goals for FY19. Staff reported more clients than anticipated due to an unexpected number of clients attending the first session for Alternatives to Guardianship: Supported Decision Making Alternatives (SDMA). There is some duplication (and thus overperformance) in the first and last outputs below due to several clients being counted as having chosen both guardianship services and SDMA if they only attended an information session for SDMA, but ultimately chose guardianship services. Staff reported that although eighteen individuals were accepted into the program as anticipated, many were not awarded guardianship for various reasons such as unsigned waivers, family emergencies, and unexplained client drop-out (see first outcome below). Although fewer clients than anticipated applied for guardianship awards, all that applied were awarded. Similar results are seen for the second outcome below, in which fewer than anticipated clients participated, but all who did reported that the program helped them to understand guardianship responsibilities. Staff reported that a counting error contributed to the figure reported for the third outcome below, and it may not be an accurate reflection of the percentage of clients who feel better prepared to use SDMA: all members of a family who attended an SDMA information session were counted individually in the denominator, but the numerator reflects the response one of individual or one collective response from the family.

Performance Measure	Total Program Performance Results	Total Program Performance Goals	Total Program Performance Goal Achieved
Outputs			
Number of unduplicated clients served	39	30	130%
Number of unduplicated clients who choose guardianship	18	20	90%
Number of unduplicated clients who choose Supported Decision Making Alternatives	21	10	210%
Outcomes			
Percentage of clients receiving guardianship awards from the court	100% (7/7)	90% (18/20)	111%
Percentage of clients who report having a better understanding of the guardianship responsibilities after participating in the program	100% (7/7)	90% (18/20)	111%
Percentage of clients who report feeling better prepared to use Supported Decision Making Alternatives in their life	43% (9/21)	90% (9/10)	48%

Appendix

2019 Federal Poverty Income Guidelines

Most HHS contracts require programs to serve participants with household incomes at or below 200% of the Federal Poverty Income Guideline (FPIG) level. Some programs have chosen to follow a more stringent threshold. The following table presents the federal poverty thresholds by household size and income.

Household Size	Income Limits by Household Size				
	50%	100%	125%	150%	200%
1 person	$6,245	$12,490	$15,613	$18,735	$24,980
2 persons	$8,455	$16,910	$21,138	$25,365	$33,820
3 persons	$10,665	$21,330	$26,663	$31,995	$42,660
4 persons	$12,875	$25,750	$32,188	$38,625	$51,500
5 persons	$15,085	$30,170	$37,713	$45,255	$60,340
6 persons	$17,295	$34,590	$43,238	$51,885	$69,180
7 persons	$19,505	$39,010	$48,763	$58,515	$78,020
8 persons	$21,715	$43,430	$54,288	$65,145	$86,860
For families/households with more than 8 persons, add $4,420 for each additional person.					

Data source: "2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia," Office of The Assistant Secretary for Planning and Evaluation, U.S. Department of Health & Human Services, January 11, 2019, https://aspe.hhs.gov/poverty-guidelines.

2019 Austin Median Family Income Guidelines

Some programs may also use Austin MFI guidelines when measuring client incomes. The following table presents the median family income limits established by the U.S. Department of Housing and Urban Development (HUD) for the Austin-Round Rock, TX Metropolitan Statistical Area (MSA).

Household Size	Income Limits by Household Size		
	Extremely Low*	Very Low (50%)	Low (80%)
1 person	$19,900	$33,150	$52,850
2 persons	$22,750	$37,850	$60,400
3 persons	$25,600	$42,600	$67,950
4 persons	$28,400	$47,300	$75,500
5 persons	$30,700	$51,100	$81,550
6 persons	$34,590	$54,900	$87,600
7 persons	$39,010	$58,700	$93,650
8 persons	$43,430	$62,450	$99,700

*The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50^{ths} (60%) of the Section 8 very low-income limit or the poverty guideline as established by the Department of Health and Human Services, provided that this amount is not greater than the Section 8 50% very low-income limit.

Data source: "Austin-Round Rock, TX MSA FY 2019 Income Limits Summary," U.S. Department of Housing and Urban Development, https://www.huduser.gov/portal/datasets/il/il2019/2019summary.odn.

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